

I am submitting this application to test at

I							
Date Received							
Fee Number							
Written Exam Date							

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Have you ever applied for NREMT-I/99 registration? ☐ Yes ☐ No

Current EMT Number
Please attach copy of card

[illegible][illegible][illegible]

☐ Male

☐ Female

$$\boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

Employed by

Zip Code

Refresher Completion Date

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Instructor/Course Coordinator

- ☐ Native American
- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Other

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case

Applicant Signature

Operations, I hereby affirm and declare that _____ is in good standing within our system or educational program and that he/she has completed an approved EMT-Intermediate/99 training program that equals or exceeds the behavioral objectives of the National Standard EMT-Intermediate/99 Curriculum

License # and Issuing State

CPR Credential

As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

Adult 1 & 2 Rescuer CPR
Adult Obstructed Airway Maneuvers
Child CPR
Child Obstructed Airway Maneuvers
Infant CPR
Infant Obstructed Airway Maneuvers

Verifying Signature _____

Date _____

CPR Expiration Date

- -

Please submit a copy of your current CPR card and/or ensure the appropriate verification signatures are affixed to this section of the application

Statement of Competency in EMT-Basic Skills

As the EMT-Intermediate/99 Training Program Director or service director of training/operations, I verify that _____
has been examined and performed satisfactorily so as to be deemed competent in each of the following skills: (Candidate's Name)

Spinal Immobilization (Seated Patient)

Spinal Immobilization (Supine Patient)

Bleeding Control/Shock Management

Signature: _____ Date: _____

Name (Please Print) _____

Title (Please Print) _____ Telephone # _____

National Registry EMT-Intermediate/99 Application Information

Entry Requirements:

1. Current National registration or state certification at the EMT-Basic level at a minimum.
2. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.
3. Successful completion of a state-approved EMT-Intermediate/99 training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Intermediate/99 National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
4. If the candidate's initial Intermediate/99 training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-I/99, the candidate must document completion of 36 hours of approved Intermediate/99 refresher training that meets all objectives of the current EMT-Intermediate/99 National Standard Refresher curriculum. Program completion date can be no older than 24 months from the date of testing.
5. Submission of a completed application attesting the above requirements as well as all other published entry requirements of the National Registry of EMTs. The official application must be signed by the Physician Medical Director of Training/Operations, attesting to the candidate's good standing within the educational program or service and that he/she has completed the requisite training. Competency in EMT-Basic skills must also be verified by the EMT-Intermediate/99 Training Program Director or service director of training/operations. **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
6. Submission of the appropriate fee. Registration fee for first time candidates is \$35.00. This fee will increase to \$45.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a \$35.00 registration fee. This fee will increase to \$45.00 effective January 1, 2002. All fees should be submitted in the form of a money order or certified bank check. Personal checks will not be accepted.
7. Successful completion of the National Registry EMT-Intermediate/99 written and practical examinations.

Checklist for Submitting an Application for the National Registry EMT-Intermediate/99 Examination Process:

1. Have you, your physician medical director, and your training director or service director of training/operations signed the application? **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
2. Have you affixed a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Intermediate/99 training which meets or exceeds the behavioral objectives of the EMT-Intermediate/99 National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation?
4. Have you attached a copy of a current state or National EMT-B card at a minimum? If you currently possess state certification as an EMT-Intermediate/99, a copy of your current EMT-I/99 card may be attached in lieu of any other state card.
5. Have you filled in all of the information requested on the application, including the felony statement?
6. Have you attached a certified bank check or money order in the appropriate amount to this application? All attempts of the written examination require submission of a \$35.00 certified bank check or money order. The fee will increase to \$45.00 effective January 1, 2002.
7. Have you made reservations with the examination coordinator of this test site by the scheduled deadline? **Reservations must be made at least three (3) weeks in advance of the examination.**
8. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
9. Send application to: National Registry of Emergency Medical Technicians, PO Box 29233, Columbus, Ohio 43229.
10. For more information please visit our homepage at <http://www.nremt.org> or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.

Serial #

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